YEAR

# **592**

# **2007 Nonresident Withholding Annual Return**

				nt Withhold	•						
(Independent	contractors, rents,	•	& trust beneficiaried on foreign (non-led)	Ť.	•		eholders/partners/	members)			
	If you withheld	•	partners and other p	, <b>.</b>			partners.				
Form 592-B Typ		attached for eacl	h recipient.   For	m 592-B informat	ion on magnetic me	edia.					
Part I Withh Name of Withholdi		CA Corp no	CA Corp no.  FEIN								
Traine of Willinoidi	ng Agent (rayer)					_ OA OOIP IIC					
Address (including suite, room, PO Box, or PMB no.)							Withholding Agent's SSN or ITIN				
City						State	ZIP Code				
							<del>.</del>				
Contact person's r	Contact person's name and title (type or print)							Daytime telephone no.			
Part II Tax W	ithheld										
Type of Income:	☐ Payment to Ind	ependent Contract	or 🗆 Rents or Ro	yalties $\square$ Estate	Distributions 🗆	Trust Distrib	utions				
		Domestic Nonres	ident S Corporation S	Shareholders/Partr	ers/Members (see S	Side 2 for for	eign partners/membe	ers)			
	Other										
	r of 592-B for the type										
	of California source i	•	-					00			
	nts for the above caler					.0		00			
Date	Amount	Date	Amount	Date	Amount						
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					ior payments	.4		00			
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	ck or money order for /er's FEIN, CA corp no		•		nev order	5		00			
	92 to the <b>FRANCHISE</b>				•	0	, , , ,				
	ithheld by Another Er					state, or Tru	st				
6 Enter number	of additional Forms 59	92-B attached, flowing	ng through the credit.	The credit must be	allocated to all						
•	shareholders, partners										
	their interests in the abo already included on line					6					
	withheld by another er	,				.0					
beneficiaries.	This credit must be do	cumented by a Forn	n 592-B, 593-B, or 59	4 from the withhold	ing entity. ( <b>Do not</b>						
	olding included on line	•		·		_		ا م			
	r trust California tax re	turn.)				.1		00			
Part IV Perjui	perjury, I declare that I	have examined this	return including acco	mnanving schedules	and statements, and	to the hest of	my knowledge and be	lief it is true			
	lete. Declaration of prep										
Name and title of withholding agent (type or print)				Signature of wi	thholding agent		Date				
				_							
Name of preparer	company (type or print)			Signature of pro	eparer other than with	holding agent	Date				
N											
rvame and title of i	ndividual preparer other	r man withholding aç	gent (type or print)	SSN/FEIN/PTIN	n of preparer						
				( )							
Address of prepare	er			Daytime teleph	one number of prepare	er					

## Foreign Partner or Member Withholding

592 Side 2

		on payees other that on both foreign part					n partı	ners/me	embers.	
Taxable y	/ear:	Beginning month	day	year	, and end	ding month		day	year	
Form 592	-В Туре	e: 🗌 Form 592-B	attached for eac	h recipient.   For	m 592-B informa	tion on magnetic m	edia.			
		olding Agent [Partner ng Agent (Partnership o	or LLC)		,				ent's FEIN	
Address (in	ncluding	suite, room, PO Box, o	r PMB no.)						1 1 1	
City								State	ZIP Code	
Contact pe	rson's na	ame and title (type or p	rint)					1 '	ne telephone no.	
Part II	Tax Wi	thheld – Foreign Nor		s or Memhers				(	)	
		rs or members foreig					1		Yes 🗆 No	
	•	of Forms 592-B for f	,				2			
3 Total (	Californi	ia source taxable inco	me allocable to:							1
		orate foreign nonresi				9.3%				
	•	foreign nonresident	•			8.84%				
	-	ank and financial insti partners' or members				10.84%				
		ts of foreign partners	•	•			4 _			
Dat	. ,	Amount	Date	Amount	Date	_				
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	-	to the <b>FRANCHISE TA</b>			-				, , ,	
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		ract line 10 from line				1	1	1 1	9 1 1 9	00
		thheld by Another En		•						
		of additional Forms								
		s or members, whethe tnership or LLC. ( <b>Do</b>			-		12			
		withheld by another					12			
		by a Form 592-B, 593								
		ne 4 or any credit bei					13_			00
Part IV	Perjury	/ Statement								
		perjury, I declare that I etc. Declaration of prep								belief, it is true,
correct, and	и сотпріє	ete. Declaration of prep	arer (other than with	inolding agent) is base	ed on all information	or which preparer ha	s any	knowied	ge.	
					<b>&gt;</b>					
Name and	title of w	rithholding agent (type	or print)		Signature of wi	thholding agent			Date	
Name of preparer company (type or print)					Signature of preparer other than withholding				Date	
Name and	title of in	ndividual preparer other	than withholding a	gent (type or print)	SSN/FEIN/PTI	N of preparer				
			. 3 -	1 7	( )	• •				
Address of	prepare				Navtime teleph	none number of prepa	rer			
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### **Instructions for Form 592**

References in these instructions are to the California Revenue and Taxation Code (R&TC).

#### **What's New**

Round Cents to Dollars - Beginning with the 2007 tax forms, round cents to the nearest whole dollar. For example, round \$50.50 up to \$51 or round \$25.49 down to \$25.

#### **General Information**

For California withholding purposes only, a reference in these instructions to:

- "Nonresident" includes individuals who are not residents of California, corporations not qualified through the California Secretary of State (SOS) to do business in California or having no permanent place of business in California, partnerships, or limited liability companies (LLCs) with no permanent place of business in California, any trust without a resident grantor, beneficiary, or trustee, or estates where the decedent was not a California resident.
- "Foreign" refers to non-U.S.

For information on the withholding requirements or to send withholding payments during the year, get Form 592-A, Nonresident Withholding Remittance Statement.

#### **Purpose**

Use Form 592, Nonresident Withholding Annual Return, to report the total withholding for the year under California Revenue and Taxation Code (R&TC) Sections 18662 and 18666. Form 592 is also a transmittal form for Form(s) 592-B, Nonresident Withholding Tax Statement. Also, Form 592, with Forms 592-B, is used by pass-through entities to flow through withholding credit to their S corporation shareholders, partners, members, or beneficiaries. Real Estate Withholding should not be reported on a Schedule K-1 or this form.

Do not use Form 592 if:

- You are the buyer or escrow person withholding on the sale of real estate. Use Form 593, Real Estate Withholding Tax Statement, to remit and report real estate withholding.
- You already paid the withholding with Form 594, Notice to Withhold Tax at Source, for a particular engagement.

#### **Common Errors/Helpful Hints**

If you are filing Form 592 only to flow through withholding to your S corporation shareholders, partners, members, or beneficiaries:

- Enter your information in Part I as the withholding agent. Do not enter the name or ID number of the entity which withheld on
- Skip Part II and go to Part III.

#### When and Where to File

For withholding on independent contractors. recipients of rents and royalties, domestic nonresident S corporation shareholders, partners, and beneficiaries of estates and trusts, file Form 592, Side 1 on or before January 31 following the close of the calendar year.

For withholding on foreign partners, file Form 592, Side 2 on or before the 15th day of the 4th month following the close of the

partnership's taxable year. If all the partners are foreign, Form 592 must be filed on or before the 15th day of the 6th month after the close of the partnership's taxable year.

Send any payment due, Form 592, and Forms 592-B to:

FRANCHISE TAX BOARD PO BOX 942867 **SACRAMENTO CA 94267-0651** 

#### **Magnetic Media Requirements**

Form 592-B information must be filed with the FTB via magnetic media instead of paper when the number of Forms 592-B is 250 or more. However, withholding agents must continue to provide vendors/payees with paper Forms 592-B. Complete Form 592 and send the original Form 592 with any payment to the address shown on the Form 592 and separately send a copy of Form 592 (marked "copy" at the top) with the disk to:

WITHHOLDING SERVICES AND COMPLIANCE FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0651

If you are the preparer for more than one withholding agent, provide a separate Form 592 and disk for each withholding agent. For the required file format and record layout, get FTB Pub. 1023F, Nonresident Withholding Magnetic Media Requirements.

#### **Interest and Penalties**

Interest on late payments is computed from the due date of the withholding to the date paid. Failure to withhold may result in the withholding agent being personally liable for the amount of tax that should have been withheld and for interest and penalties.

- Failure to provide correct Forms 592-B to the FTB by the due date may result in penalties up to \$100 per Form 592-B.
- Failure to provide correct Forms 592-B to the payees by the due date may result in penalties up to \$100 per Form 592-B.

### Specific Instructions

### Private Mail Box

Include the Private Mail Box (PMB) in the address field. Write the acronym "PMB" first, then the box number. Example: 111 Main Street PMB 123.

#### Nonresident Withholding (Side 1)

Year - Make sure the year in the upper left corner of Form 592 represents the calendar year in which the withholding took place. If a partnership's, LLC's, S corporation's, or trust's current distribution represents prior year California source income, go to our Website at www.ftb.ca.gov and get the Form 592 that represents the year the income was earned. In addition, attach a letter to Form 592 explaining that the distribution took place in the current withholding year, but was source income from a prior year.

Form 592-B Type - Check one of the two boxes to show how you are providing the Form 592-B information to the FTB.

Magnetic media is required if you withheld on 250 or more payees.

**Part I** – Enter the withholding agent's name. ID number, address, and contact person information. If your entity is an S corporation, partnership, LLC, estate, or trust that was withheld upon by another entity and you are flowing through the withholding credit to your S corporation shareholders, partners, members, or beneficiaries, enter your entity's name, ID number, address, and contact person information in the withholding agent area.

Part II - Complete Part II only if you withheld on payments to nonresidents. If you are an S corporation, partnership, LLC, estate, or trust that was withheld upon by another entity and you are filing Form 592 only to flow the withholding to your S corporation shareholders, partners, members, or beneficiaries, skip Part II and go to Part III.

Type of Income - Check the box(es) that reflect the type of income withheld upon.

Line 1 - Enter the number of Forms 592-B attached for payees you withheld upon. There should be only one Form 592-B for each payee withheld upon.

Line 2 - Enter the total amount of California source income subject to withholding.

Line 3 - Enter the total amount withheld.

**Line 4** – List the date and amount of each payment previously sent to the FTB for the calendar year. Enter the total of these payments on line 4.

Line 5 - Subtract line 4 from line 3 and enter the balance due. If less than zero, enter -0-. Attach a check or money order for the full amount payable to the "Franchise Tax Board." Write the withholding agent's ID number and "2007 Form 592" on the check or money order.

#### Part III - Complete Part III only if either of the following apply:

- You are an S corporation, partnership, or LLC and you were withheld upon by another
- You are an estate or trust, you were withheld upon by another entity, and you distributed the related income in the current year.

**Line 6** – Enter the number of **additional** Forms 592-B that you have prepared to reflect how the amount withheld on your entity has been allocated to your S corporation shareholders, partners, members, or beneficiaries. The credit must be allocated to all S corporation shareholders, partners, members, or beneficiaries whether residents or nonresidents according to their interests in your

**Example 1** – You are a partnership with four partners. Three are California residents and one is a nonresident. Since you did not make any distributions during the year, you did not withhold on the nonresident partner. However, you were withheld upon by another withholding agent. The amount withheld on you must be allocated to all four partners according to their partnership interests. Since none of your

partners have Forms 592-B included in line 1, enter "4" on line 6.

**Example 2** – You are a partnership with four partners. Three are California residents and one is a nonresident. You made a distribution during the year and withheld on the nonresident partner. Accordingly, you entered "1" on line 1. You were also withheld upon by another withholding agent. The amount withheld on you must be allocated to all four partners according to their partnership interests. Since your nonresident partner's Form 592-B is already included in line 1, enter "3" on line 6. (The "Total California tax withheld" on line 2 of your nonresident partner's Form 592-B should include both the tax you withheld from the distribution to the nonresident partner and the nonresident partner's share of the tax withheld on you.)

Line 7 – Enter the amount withheld by another entity and being allocated to your S corporation shareholders, partners, members, or beneficiaries. This credit must be documented by Forms 592-B, 593-B, or 594 from the withholding entity. (Write "Tax Withheld by Another Entity" on the bottom of the Form and attach it to the back of Form 592 with the Forms 592-B that you have prepared.) If any of the amount withheld by the other entity is to be used against the tax owed by your entity, do not include that amount in line 7. Attach a note to Form 592 explaining how much of the credit will be used to offset your tax due.

**Part IV** – Complete the withholding agent's and preparer's information.

# Foreign Partner or Member Withholding (Side 2)

**Year** – Enter the beginning and ending dates for the partnership's or limited liability company's (LLCs) taxable year.

**Form 592-B Type** – Check one of the two boxes to show how you are providing the Form 592-B information.

Magnetic media is required if you withheld on 250 or more payees.

Part I – Enter the withholding agent's name, ID number, address, and contact person information. If your entity is a partnership, LLC, estate, or trust that was withheld upon by another entity because you are a foreign (non-U.S.) partner or member of that entity and you are flowing through the withholding credit to your partners, members, or beneficiaries, enter your entity's name, ID number, address, and contact person information in the withholding agent area.

Part II – Line 1, Check the "Yes" box if all partners or members of the partnership or LLC are foreign (non-U.S.) nonresidents, regardless of whether they were withheld upon. Check the "No" box if any of the nonresident partners or members are not foreign.

**Line 2** – Enter the number of Forms 592-B attached. There should be only one for each foreign partner or member you withheld upon.

Line 3a – Enter the total California source taxable income allocable to non-corporate foreign partners or members, multiply it by 9.3% (the maximum non-corporate tax rate), and enter the result on line 3a.

**Line 3b** – Enter the total California source taxable income allocable to corporate foreign partners or members, multiply it by 8.84% (the maximum corporate tax rate), and enter the result on line 3b.

Line 3c – Enter the total California source taxable income allocable to foreign bank and financial institution partners or members, multiply it by 10.84% (the maximum bank and financial institution tax rate), and enter the result on line 3c.

**Line 4** – Add the amounts on line 3a, line 3b, and line 3c and enter the total on line 4.

**Line 5** – List the date and amount of each payment previously sent to the FTB for the year. Enter the total of these payments on line 5.

**Line 6** – Enter the amount of foreign partner or member credit carried over from the previous withholding year.

**Line 7** – Add the amounts on line 5 and line 6 and enter the total on line 7.

Line 8 – Subtract line 7 from line 4 and enter the result on line 8. If the result is less than zero, enter -0-. Attach a check or money order for the full amount payable to the "Franchise Tax Board." Write the partnership's or LLC's FEIN and "2007 Form 592" on the check or money order.

**Line 9** – If line 7 is more than line 4, subtract line 4 from line 7 and enter the result.

Line 10 – Enter the amount of your over-payment from line 9 that you want credited to next year's Form 592 instead of refunded

**Line 11** – Subtract line 10 from line 9 and enter the result on line 11.

**Part III** – Complete Part III only if you were withheld upon by another entity because you were a foreign partner or member.

Line 12 – Enter the number of additional Forms 592-B that you have prepared to reflect how the amount withheld on your entity is to be allocated to your partners or members. The credit must be allocated to all partners or members, whether residents or nonresidents of California, according to their interests in your entity. Do not include Forms 592-B already included on line 2 or on Side 1.

**Example 1** – You are a partnership with four partners. Three are California residents and one is foreign (non-U.S.). Since you did not have net income for the year, you did not withhold on the foreign partner. However, you were withheld upon by another withholding agent. The amount withheld on you must be allocated to all four partners according to their partnership interests. Since none of your partners have Forms 592-B included in line 2 or on Side 1, enter "4" on line 12.

**Example 2** – You are a partnership with four partners. Three are California residents and one is foreign (non-U.S.). You had net California source income for the year and withheld on your foreign partner. Accordingly, you entered "1" on line 2. You were also withheld upon by another withholding agent. The amount withheld on you must be allocated to all four partners according to their partnership

interests. Since your foreign partner's Form 592-B is already included in line 2, enter "3" on line 12. (The "Total California tax withheld" on line 2 of your foreign partner's Form 592-B should include both the tax you withheld on the California source income of the foreign partner and the foreign partner's share of the tax withheld on you.)

Line 13 – Enter the amount withheld by another entity and being allocated to your partners or members. This credit must be documented by a Form 592-B, 593-B, or 594 from the withholding entity. (Write "Tax Withheld by Another Entity" on the bottom of the Form and attach it to the back of Form 592 with the Forms 592-B that you have prepared.) If any of the amount withheld by the other entity is to be used against the tax owed by your entity, do not include that amount in line 13. Attach a note to Form 592 explaining how much of the credit will be used to offset your tax due.

**Part IV** – Complete the withholding agent's and preparer's information.

#### **Additional Information**

For additional information or to speak to a representative regarding this form, call the Withholding Services and Compliance's automated telephone service at: (888) 792-4900 (toll-free) or (916) 845-4900.

OR write to:

WITHHOLDING SERVICES AND COMPLIANCE FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0651

For information on requirements to file a California tax return or to get forms, call:

From within the
United States. .....(800) 852-5711
From outside the
United States. ....(916) 845-6500
(not toll-free)

You can download, view, and print California tax forms and publications from our Website at www.ftb.ca.gov.

OR to get forms by mail, write to:

TAX FORMS REQUEST UNIT FRANCHISE TAX BOARD PO BOX 307 RANCHO CORDOVA CA 95741-0307

### Assistance for Persons with Disabilities

We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments please call:

TTY/TDD . . . . . . . . . . . . . . (800) 822-6268

Asistencia Telefonica y en el Internet Dentro de los Estados Unidos,

Sitio en el Internet: www.ftb.ca.gov

Asistencia para personas discapacitadas Nosotros estamos en conformidad con el Acta de Americanos Discapacitados. Personas con problemas auditivos o de habla pueden llamar al TTY/TDD (800) 822-6268.